

- D. The Aging and Adult Services Program will work cooperatively with the community receiving facility on Title XX cases.
- E. For persons who have not previously been known to the Title XX Services Program, the receiving facility (with the consent of the patient or the duly appointed guardian when indicated) will notify the Aging and Adult Services Program when patients are admitted so that a Title XX application can be made, and the Aging and Adult Services staff can at the same time obtain information that will be helpful in making a decision on type of care needed by the individual.
- F. For persons voluntarily returning directly to the State Mental Health Hospitals, the Aging and Adult Services Program will make available to the hospital all information obtained about the individual which will be helpful in planning for service within the institution.

Records of hospitals will be available, with appropriate consultation, for the confidential professional use by the staff of the Social and Economic Services Program, the Medicaid Program, and the Aging and Adult Services Program within the District. The HRS Medicaid Eligibility Worker, and the Aging and Adult Services worker shall have free access to the hospital facility and to the patient at a time appropriate to the patient's condition and the hospital's normal functioning, and under circumstances which are conducive to free discussion.

Exchange of medical and social information between the programs will be effected through an established referral procedure, through joint consultation of all program staff, through exchange of social and medical summaries, correspondence, copies of pertinent correspondence, and forms devised for purposes of exchange of specific information, and through free access to each other's patient files.

The Mental Health program has responsibility for community organized activities directed at stimulating the development of specific resources needed for planning the care of patients with mental health problems.

The Social and Economic Services Program; the Medicaid Program, the Aging and Adult Service Program, and the Mental Health Program will cooperate in furthering the development of any needed services in areas of concentrated need with appropriate participation by members of the staff of all agencies at both state and local levels.

If demonstration projects are developed for these purposes, they may be joint projects depending on the source of funds and project objectives. Optimum use will be made of other agencies' programs by all programs involved in this agreement.

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There will be a joint review of the Medicaid Program for inpatient psychiatric services for those 65 years of age and over, and 21 years of age and under, by all parties of this agreement at least annually, at which time necessary changes in the agreement will be made.

This agreement by and between the Mental Health Program, the Social and Economic Services Program, the Medicaid Program, the Aging and Adult Services Program, and the Assistant Secretary for Operations of the Department of Health and Rehabilitative Services, is effective when signed and shall continue in full force and effect until otherwise revised in writing and signed by all parties, or cancelled by any one of the parties upon written notice of at least thirty (30) days prior to proposed termination date.

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STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

8-30-79  
Date

Walter B. Conwell  
Walter B. Conwell  
Program Administrator for  
Medical Services

8/30/79  
Date

Mary Loepp  
Mary Loepp  
Program Director for  
Social and Economic Services

8/31/79  
Date

R. R. Furlough, Ph. D.  
R. R. Furlough, Ph. D.  
Acting Program Director for  
Mental Health

9/5/79  
Date

James P. Doyle  
James P. Doyle  
Program Director for  
Aging and Adult Services

9/13/79  
Date

Phyllis Roe  
Phyllis Roe  
Assistant Secretary for  
Operations

9/12/79  
Date

Abe Lavine  
Abe Lavine  
Assistant Secretary for  
Program Planning and Development

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AGREEMENT  
FAMILY PLANNING SERVICES  
DIVISION OF HEALTH  
AND THE  
DIVISION OF FAMILY SERVICES

This agreement has been promulgated jointly by the Division of Family Services and the Division of Health in order to provide family planning services and supplies to eligible Medicaid beneficiaries, effective January 1, 1974.

Responsibilities of the Division of Health:

1. The Division of Health will offer and/or provide family planning services (with the exception of hospitalization) and supplies to Medicaid eligible recipients.
2. This service rendered by the Division of Health includes counseling and other related services.
3. These services will be provided on a voluntary and confidential basis.
4. The Division of Health will perform follow-up and referral services as considered appropriate.
5. The Division of Health will verify eligibility as soon as feasible following the provision of Family Planning Services.
6. The Division of Health will bill the Division of Family Services on a per visit cost of fifteen dollars (\$15.00) per clinic visit.
7. The Division of Health will undertake an annual time study (as part of the interim Cost Allocation Plan) outlined in the attachment and will notify the Division of Family Services of the "per visit cost" of each annual study, so that the billing rate will be up-dated. Billings will be adjusted each year as the per visit cost is up-dated.
8. The Division of Health will provide, on an interim and temporary basis, the required 10% matching to qualify for federal financial participation. Such matching shall be "in kind" by certification of public expenditure.

Responsibilities of the Division of Family Services:

1. The Division of Family Services will insure that Medicaid eligibles have in their possession a Medicaid Identification Card.
2. The Division of Family Services will assure that eligible persons are informed of family planning services available and further that they have the freedom of choice to use these services. They may also obtain these services by purchase from the private sector in accord with the established procedures and reimbursement schedules of other Medicaid Services, i.e., physicians, prescribed medicines, in-patient and out-patient hospital services.

3. The Division of Family Services will reimburse the Division of Health for 90% of the "per visit cost" for family planning services to those individuals deemed Medicaid eligibles.
4. The Division of Family Services will submit the attached Cost Allocation Plan to appropriate Federal Representatives for approval and will notify the Division of Health in writing of such approval.
5. The Division of Family Services will provide the Division of Health with appropriate program guidelines.
6. The Division of Family Services will design a simplified billing and reporting document to provide necessary information for record and report purposes.

General Comments:

Implementation of any substantive changes to this agreement (and any applicable guidelines) is dependent upon receipt of formal amendments agreed upon by all appropriate parties.

This agreement may be terminated by a 30 day notification from either party.

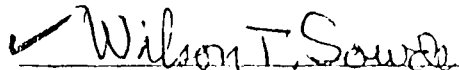
This agreement will be evaluated annually or upon the request of either Division Director as will the current status of the cooperative efforts of the Division of Family Services and the Division of Health in the area of family planning.

DIVISION OF FAMILY SERVICES



E. Douglas Endsley, Director


DIVISION OF HEALTH



Wilson T. Sowder, M.D., Director

November 14, 1973

DEPARTMENT OF HEALTH AND  
REHABILITATIVE SERVICES



O. J. Keller, Secretary

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

AGREEMENT BETWEEN THE  
MEDICAL SERVICES OFFICE,  
SOCIAL AND ECONOMIC SERVICES PROGRAM OFFICE  
AND THE  
OFFICE OF VOCATIONAL REHABILITATION

This agreement is being promulgated between the Medical Services Office, Social and Economic Services Program Office, and the Vocational Rehabilitation Program Office to assure payment by Medicaid for Medicaid-compensable Medical Services provided to Medicaid eligible individuals, and to assure referral by Vocational Rehabilitation to the appropriate agency for Medicaid eligibility determination for those who appear eligible.

Federal Regulations for Vocational Rehabilitation and for Title XIX (Medicaid) Programs require that the respective State Plans provide and describe cooperative working agreements and that Medicaid funds may be used as a first dollar resource for medical assistance provided to Medicaid eligible clients of the Vocational Rehabilitation agency. This agreement differentiates and describes responsibilities of each program office. The Program Offices have responsibility for statewide supervision of the administration of cooperative programs.

The Medical Services Office is designated as the administering office for the Florida Title XIX (Medicaid) Program, a Federal/State Medical Care Program, provided for in the Social Security Act, which helps meet the cost of health care for those persons who meet the eligibility requirements. The Social and Economic Services Program Office has responsibility for the administration of categorical assistance programs including the Title IV-A program, and for the provision of social services under Title XX. The Vocational Rehabilitation Program Office has responsibility for administration of general Vocational Rehabilitation programs (excluding services for the blind) in the State. District Vocational Rehabilitation Offices provide vocational rehabilitation services including medical and remedial treatment for those determined eligible for vocational rehabilitation.

- I. The Vocational Rehabilitation Program Office will:
  - A. Obtain individual provider numbers for each District Office;

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- B. Promulgate procedural regulations to District Vocational Rehabilitation Offices;
- C. Provide the Medical Services Office with information requested by the Department of Health, Education and Welfare;
- D. Assure that reports showing the extent of medical services provided to Medicaid eligible individuals are maintained for continuity of care and avoidance of unnecessary repetition, and that these records shall be subject at all times to inspection, review or audit by state personnel and other personnel duly authorized by the Department.

II. The District Offices of Vocational Rehabilitation will:

- A. Assure that individuals who might be eligible for Medicaid are referred to the appropriate agency (local SES Office for AFDC, Social Security Office for SSI) for Medicaid eligibility determination;
- B. Assure the securing of vocational rehabilitation related medical treatment for Medicaid eligibles who are also eligible for vocational rehabilitation, and perform necessary medical follow-up and referral services, including referral for social services;
- C. When feasible refer Medicaid eligible clients to participating Medicaid providers for treatment, offering freedom of choice; providers will seek payment directly from System Development Corporation, Integrated Services, Inc. (SDC), fiscal intermediary;
- D. In case of emergency or other exceptional circumstance, make arrangement to provide medical assistance to Medicaid eligible individuals and receive the fee schedule reimbursement as a Medicaid provider by submission of a "Request for Payment" form to SDC;
- E. Follow the accepted procedures for billing purposes as outlined in the Medicaid manuals.

III. The Medical Services Office will:

- A. Coordinate with the Social and Economic Services Program Office to assure that eligible individuals are informed of the availability of Medicaid services, that, if

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requested, arrangements are made for eligible individuals to receive these services and needed support services, such as transportation;

- B. Assure that program regulations and instructions, including detailed billing procedures, are issued to the Program Office of Vocational Rehabilitation for distribution to the District Vocational Rehabilitation Offices;
- C. Assure that reimbursement will be made to Medicaid providers for services rendered to Medicaid eligible individuals (reimbursement will be made according to the provider's usual and customary charge or maximum allowable amount as established by the Department, whichever is less);
- D. Assure that SDC provides training, as needed, to the District Vocational Rehabilitation Offices on billing procedures for Medicaid services;
- E. Serve as the liaison between the Program Office of Vocational Rehabilitation and the Contract Management Team (ASCM) regarding computer involvement in the operation of the program.

IV. The Social and Economic Services Program Office will:

- A. Assure that eligible individuals are informed of the availability of collateral social services such as transportation, and that such services are provided or arranged for when requested.
- B. Assure that the recipient eligibility file is accurate and up-to-date.
- C. Assure that eligibles have been issued a valid Medicaid ID card.

This agreement by and between the Medical Services Office, the Social and Economic Services Program Office, and the Vocational Rehabilitation Program Office is effective when signed and shall continue in full force and effect until otherwise revised in writing and signed by all three parties, or cancelled by any one of the three parties upon written notice of at least thirty (30) days prior to proposed termination date. This agreement is to be reviewed jointly at least annually by all three parties.

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SIGNATURES:

Walter B. Conwell  
Walter B. Conwell  
Program Administrator for  
Medical Services

May 18 - 1979  
Date

James E. Drake, Jr.  
James E. Drake, Jr.  
Acting Program Staff Director for  
Social and Economic Services Program Office

5/25/79  
Date

J. H. Hutchison  
J. H. Hutchison, Ph.D.  
Program Staff Director for  
Office of Vocational Rehabilitation

5/21/79  
Date

APPROVED BY:

Phyllis Roe  
Phyllis Roe  
Assistant Secretary for  
Operations

5-29-79  
Date

Abe Lavine  
Abe Lavine  
Assistant Secretary for  
Program Planning and Development

6/4/79  
Date

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STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

AGREEMENT BETWEEN THE  
MEDICAID OFFICE,  
SOCIAL AND ECONOMIC SERVICES PROGRAM OFFICE  
AND  
CHILDREN'S MEDICAL SERVICES PROGRAM OFFICE

The Medicaid Office is designated as the administering office for the Title XIX Program in the State of Florida; the Children's Medical Services Program Office is the administering office for the Title V Crippled Children's Program; and the Social and Economic Services Program Office has responsibility for the administration of categorical assistance programs, including the Title IV-A program, and for the provision of social services under Title XX.

It is the intent of this Agreement to assure coordination and collaboration between the Medicaid Office, Children's Medical Services Program Office, and Social and Economic Services Program Office so that eligible individuals may receive the benefits of needed medical services provided under the Florida Medicaid Program.

Affirming this intent, the aforementioned offices agree to assume the responsibilities set forth below.

I. The Children's Medical Services Program Office will:

- A. Notify CMS District Offices of additions or changes in Medicaid rates, policies and procedures, upon receipt of said notice from the Medicaid Office;
- B. Work with the Medicaid Office and the Social and Economic Services Program Office to assure maximum coordination in referring and providing medical services to those individuals eligible.

II. The District Offices of Children's Medical Services will:

- A. Implement in a timely fashion all Medicaid policies, procedures and changes approved by the Department and distributed to the District CMS Offices;

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